

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017470

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4749

STATE FILE NUMBER

FILED MAY 9 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

c. CITY

OR TOWN

St Louis

Inside Limits

Yes ☐ No ☐

d. STREET

ADDRESS

4285 St Louis

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

SEX

Male

COLOR OR RACE

Negro

7. Married ☐

Never Married ☐

Widowed ☒

Divorced ☐

8. DATE OF BIRTH

8-10-1904

9. AGE (last birthday)

38

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

International Harvester

11. BIRTHPLACE (City and state or country)

Jeff Mo

12. CITIZEN OF WHAT COUNTRY

US

13a. FATHER'S NAME

Willis Casey

13b. MOTHER'S MAIDEN NAME

Mary Rusan

14. NAME OF HUSBAND OR WIFE

Welford Casey 4285 St Louis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Welford Casey 4285 St Louis

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cancer of Lung

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

163x

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

11/16

to

and last saw her

him alive on

Death occurred at

11/16

in

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Helen L Taylor, Corona

22b. ADDRESS

1300 Clark Ave.

22c. DATE SIGNED

4-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

5-30-1963

23c. NAME OF CEMETERY OR CREMATORY

Oakdale Cemetery

23d. LOCATION (City, town, or county)

St Louis Co MO

24. FUNERAL DIRECTOR

ADDRESS

Reliable Funeral Sgs 1389 Union

25. DATE RECD. BY LOCAL REG.

MAY 1 1963

26. REGISTRAR'S SIGNATURE

Ed Smith MO

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James A. Bryant

Licensed Embalmer No. 4441

P. O. Address 1389 Union

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.